

Traveling Sales Crew Disclosure Statement

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wisconsin Statutes].

Traveling Sales Crew Employer		Traveling Sales Crew Worker	
Name		Name	
Street Address		Street Address	
City, State and Zip Code		City, State, Zip Code	
Phone Number		Telephone number and date of birth	
Approximate Employment Start Date		Approximate Employment End Date	

List location(s) where Traveling Sales Crew worker will be training and/or working: (BE SPECIFIC)

City	State	City	State
City	State	City	State
City	State	City	State

Attach additional page if necessary

Type(s) of work at which Traveling Sales Crew worker will be employed		
Will employment involve the storage, handling, transportation of or exposure to hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the materials		
Rate(s) of compensation to be paid to worker (including commissions, bonuses and contest awards)		
Frequency of pay periods: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify)		
State the manner (cash, check, etc.) in which the worker will be paid		
Number of days per week worker will work	Maximum hours per day worker will work	Maximum hours per week worker will work
Frequency of any required meetings		Rate of pay for required meetings
Provide detailed description of board and lodging provided by employer		Cost of lodging to worker, if any
Provide a description of transportation provided by employer		

Does employer provide Worker's Compensation? ☐ Yes ☐ No

If Yes, provide the name and telephone number of Worker's Compensation Agent:

What provisions will be made to return the traveling sales crew worker to permanent place of residence if employment ends or the traveling sales crew worker is unable to work due to illness or injury?

An employer of a Traveling Sales Crew shall comply with the terms of the disclosure statement provided under Chapter 103.34 (5) Wis. Stats. An employer may change the terms of the disclosure statement, but no change is effective until a supplemental disclosure statement is signed by the employer and Traveling Sales Crew worker.

Traveling Sales Crew Worker Signature	Date Signed
Traveling Sales Crew Employer Signature	Date Signed

Mail your form to the following office:

**State of Wisconsin
Department of Workforce Development
Equal Rights Division**

201 E. Washington Ave., Room A300

P O Box 8928

Madison WI 53708

Telephone:

(608) 266-6860

FAX:

(608) 267-4592

TTY:

(608) 264-8752